DEATH BY MEDICINE

Alarming statistics on unnecessary medications, surgical procedures, X-ray scans and hospitalisations confirm that our modern health care system is in deep crisis.

Part 2 of 3

by Carolyn Dean, MD, ND
Martin Feldman, MD
Gary Null, PhD
Debora Rasio, MD

© 2004 Nutrition Institute of America, Inc.

Website:
http://www.nutritioninstituteofamerica.org

DRUG IATROGENESIS: How Do We Know Drugs Are Safe?

Another aspect of scientific medicine that the public takes for granted is the testing of new drugs. In general, drugs are tested on individuals who are fairly healthy and are not taking other medications that can interfere with findings (unlike the class of people who take drugs because they are ill and need medication). But when these new drugs are declared "safe" and enter the drug prescription books, they are naturally going to be used by people who are on a variety of other medications and who also have a lot of other health problems. Then, a new phase of drug testing called "post-approval" comes into play, which is the documentation of side effects once drugs hit the market.

In one very telling report, the US General Accounting Office "found that of the 198 drugs approved by the FDA between 1976 and 1985,... 102 (or 51.5%) had serious post-approval risks... [that included] heart failure, myocardial infarction, anaphylaxis, respiratory depression and arrest, seizures, kidney and liver failure, severe blood disorders, birth defects and fetal toxicity, and blindness".[47]

The NBC's investigative show *Dateline* [July 11, 2003] wondered if your doctor is moonlighting as a drug rep. After a year-long investigation, the program reported that because doctors can legally prescribe any drug to any patient for any condition, drug companies heavily promote "off-label" and frequently inappropriate and non-tested uses of these medications—in spite of the fact that these drugs are only approved for specific indications for which they have been tested.[48]

The leading causes of adverse drug reactions are antibiotics (17%), cardiovascular drugs (17%), chemotherapy drugs (15%), and analgesics and anti-inflammatory agents (15%).[49]

Specific Drug Iatrogenesis: Antibiotics

Dr Egger, in a recent editorial [*Wisconsin Medical Journal*, August 2002], wrote that after 50 years of increasing use of antibiotics, 30 million pounds of antibiotics are used in America per year.[50] Twenty-five million pounds of this total are used in animal husbandry. The vast majority of this amount, 23 million pounds, is used to try to prevent disease and the stress of shipping and to promote growth. Only two million pounds of these antibiotics are given for specific animal infections. Dr Egger reminds us that low concentrations of antibiotics are measurable in many of our foods, rivers and streams around the world. Much of this is seeping into bodies of water from animal farms.

Dr Egger said that overuse of antibiotics results in food-borne infections resistant to antibiotics. *Salmonella* is found in 20% of ground meat, but constant exposure of cattle to antibiotics has made 84% of salmonella resistant to at least one anti-salmonella antibiotic. Diseased animal food accounts for 80% of salmonellosis in humans, or 1.4 million cases per year. The conventional approach to dealing with this epidemic is to irradiate food to try to kill all organisms, but keep using the antibiotics that cause the original problem. Approximately 20% of chickens are contaminated with *Campylobacter jejuni*, which causes 2.4 million human cases of illness annually. Fifty-four per cent of these organisms are resistant to at least one anti-campylobacter antimicrobial.

A ban on growth-promoting antibiotics in Denmark began in 1999, which led to a decrease in use from 453,200 pounds to 195,800 pounds within a year. Another report from Scandinavia found that taking away antibiotic growth-promoters had no or minimal effect on food production costs.

Egger further warned that, in America, the current crowded and unsanitary methods of animal farming support constant stress and infection and are geared toward high antibiotic use. He said that these conditions would have to be changed, and antibiotic use would have to be cut back.

In America, over three million pounds of antibiotics are used every year on humans. With a population of 284 million Americans, this amount is enough to give every man, woman and child 10 teaspoons of pure antibiotics per year.

Egger says that exposure to a steady stream of antibiotics has altered pathogens such as *Streptococcus pneumoniae*, *Staphylococcus aureus* and *Enterococcus*, to name a few.

Almost half the patients with upper respiratory tract infections in the USA still receive antibiotics from their doctor.[51] According to the CDC, 90% of upper respiratory infections are *viral* and should *not* be treated with antibiotics.

In Germany, the prevalence for systemic antibiotic use in children aged 0–6 years is 42.9%.[52]

Data taken from nine US health plans between 1996 and 2000 on antibiotics use in 25,000 children found that rates of antibiotics use have decreased. Antibiotics use in children aged three months to under three years decreased by 24% from 2.46 to 1.89 antibiotic prescriptions per patient per year. For children aged three years to under six years, there was a 25% reduction from 1.47 to 1.09 antibiotic prescriptions per patient per year. And for children aged six to under 18 years, there was a 16% reduction from 0.85 to 0.69 antibiotic prescriptions per patient per year [*Pediatrics*, September 2003].[53] Although there was a reduction in antibiotics use, the data indicate that, on average, every child in America receives 1.22 antibiotic prescriptions annually.

Group A beta-haemolytic *Streptococcus* is the only common cause of sore throat that requires antibiotics; penicillin and erythromycin being the only recommended treatments. However, 90% of sore throats are *viral*.

The authors of this study [*JAMA*, September 12, 2001] estimated there were 6.7 million adult annual visits for sore throat between 1989 and 1999 in the US; antibiotics were prescribed in 73% of visits. Furthermore, patients treated with antibiotics were given non-recommended broad-spectrum antibiotics in 68% of visits. The authors noted that from 1989 to 1999 there was a significant increase in the newer and more expensive broad-spectrum antibiotics and a decrease in use of penicillin and erythromycin.[54] If antibiotics were given in 73% of visits and should only have been given in 10%, this represents 63% or a total of 4.2 million visits for sore throat that ended in unnecessary antibiotics prescriptions between 1989 and 1999.

In 1995, Dr Richard Besser of the Centers for Disease Control (CDC) said that the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. In 2003, he referred to tens of millions of unnecessary prescriptions for antibiotics.[2, 2a] Neither of these figures takes into account the number of unnecessary antibiotics used for non-fatal conditions such as acne, intestinal infection, skin infections, ear infections, and so on.

More than 40% of about 50 million prescriptions written for antibiotics each year in physicians' offices were inappropriate.

The Problem with Antibiotics: They Are Anti-Life

On September 17, 2003, the CDC relaunched a program, started in 1995, called "Get Smart: Know When Antibiotics Work".[55] This is a US$1.6 million campaign to educate patients about the overuse and inappropriate use of antibiotics. Most people involved with alternative medicine have known about the dangers of overuse of antibiotics for decades. Finally the government is focusing on the problem, yet is only putting a minuscule amount of money into an iatrogenic epidemic that is costing billions of dollars and many thousands of lives.

The CDC warns that 90% of upper respiratory infections, including children's ear infections, are *viral*—and antibiotics don't treat viral infection. More than 40% of about 50 million prescriptions written for antibiotics each year in physicians' offices were inappropriate.[2] And using antibiotics when not needed can lead to the development of deadly strains of bacteria that are resistant to drugs and cause more than 88,000 deaths due to hospital-acquired infections.[9]

However, the CDC seems to be blaming patients for misusing antibiotics, even though these drugs are only available on prescription from a doctor who should know how to prescribe properly. Dr Richard Besser, head of the Get Smart program, says: "Programs that have just targeted physicians have not worked. Direct-to-consumer advertising of drugs is to blame in some cases." He says the Get Smart program "...teaches patients and the general public that antibiotics are precious resources that must be used correctly if we want to have them around when we need them. Hopefully, as a result of this campaign, patients will feel more comfortable asking their doctors for the best care for their illnesses, rather than asking for antibiotics."[56]

And what does "the best care" constitute? The CDC does not elaborate and patently avoids the latest research on the dozens of nutraceuticals scientifically proven to treat viral infections and boost the immune system. Will its doctors recommend vitamin C, echinacea, elderberry, vitamin A, zinc or homoeopathic oscillococcinum? No, they won't. The archaic solutions offered by the CDC include a radio advertisement, "Just Say No – Snort, sniffle, sneeze – No antibiotics, please". Its commonsense recommendations, which most people do anyway, include resting, drinking plenty of fluids and using a humidifier.

The pharmaceuticals industry claims it is all for limiting the use of antibiotics. In order to make sure that happens, the drug company Bayer is sponsoring a program called "Operation Clean Hands" through an organisation called LIBRA.[57]

And while the CDC is involved with trying to minimise antibiotic resistance, nowhere in its publications is there any reference to the role of nutraceuticals in boosting the immune system nor to the thousands of journal articles that support this approach. This

recalcitrant tunnel-vision and refusal to use available non-drug alternatives is absolutely inappropriate when the CDC is desperately trying to curb the nightmare of overuse of antibiotics. The CDC should also be called to task because it is only focusing on the overuse of antibiotics. There are similar nightmares for every class of drug being prescribed today.

Drugs Pollute Our Water Supply

We have reached the point of saturation with prescription drugs. We have arrived at the point where every body of water tested contains measurable drug residues. We are inundated with drugs. The tons of antibiotics used in animal farming, which run off into the water table and surrounding bodies of water, are conferring antibiotic resistance to germs in sewage, and these germs are also found in our water supply. Flushed down our toilets are tons of drugs and drug metabolites that also find their way into our water supply. We have no idea what the long-term consequences of ingesting a mixture of drugs and drug-breakdown products will do to our health. It's another level of iatrogenic disease that we are unable to measure completely.[58–67]

Specific Drug Iatrogenesis: NSAIDs

It's not just America that is plagued with iatrogenesis. A survey of 1,072 French general practitioners (GPs) tested their basic pharmacological knowledge and practice in prescribing non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDs rank first among commonly prescribed drugs for serious adverse reactions. The results of the study suggested that GPs don't have adequate knowledge of these drugs and are unable to manage adverse reactions effectively.[68]

It's not just America that is plagued with iatrogenesis.

A cross-sectional survey of 125 patients attending speciality pain clinics in South London found that possible iatrogenic factors such as "over-investigation, inappropriate information and advice given to patients as well as misdiagnosis, over-treatment and inappropriate prescription of medication were common".[69]

Specific Drug Iatrogenesis: Cancer Chemotherapy

In 1989 a German biostatistician, Ulrich Abel, PhD, after publishing dozens of papers on cancer chemotherapy, wrote a monograph entitled "Chemotherapy of Advanced Epithelial Cancer". It was later published in a shorter form in a peer-reviewed medical journal [*Biomed. Pharmacother.* 46(10), 1992].[70]

Dr Abel presented a comprehensive analysis of clinical trials and publications representing over 3,000 articles examining the value of cytotoxic chemotherapy on advanced epithelial cancer. Epithelial cancer is the type of cancer we are most familiar with; it arises from epithelium found in the lining of body organs such as breast, prostate, lung, stomach or bowel. From these sites, cancer usually infiltrates into adjacent tissue and spreads to bone, liver, lung or the brain.

From his exhaustive review, Dr Abel concluded there is no direct evidence that chemotherapy prolongs survival in patients with advanced carcinoma. He said that in small-cell lung cancer and perhaps ovarian cancer, the therapeutic benefit is only slight. Dr Abel went on to say: "Many oncologists take it for granted that response to therapy prolongs survival, an opinion which is based on a fallacy and which is not supported by clinical studies."

Over a decade after Dr Abel's exhaustive review of chemotherapy, there seems to be no decrease in its use for advanced carcinoma. For example, when conventional chemotherapy and radiation have not worked to prevent metastases in breast cancer, high-dose chemotherapy (HDC) along with stem cell transplant (SCT) is the treatment of choice.

However, in March 2000, results from the largest multi-centre randomised controlled trial conducted thus far showed that, compared to a prolonged course of monthly conventional-dose chemotherapy, HDC and SCT were of no benefit.[71]

There was even a slightly lower survival rate for the HDC/SCT group. And the authors noted that serious adverse effects occurred more often in the HDC group than in the standard-dose group. There was one treatment-related death (within 100 days of therapy) in the HDC group, but none in the conventional chemotherapy group. The women in this trial were highly selected as having the best chance to respond.

There is also no all-encompassing follow-up study like Dr Abel's that tells us if there is any improvement in cancer survival statistics since 1989.

In fact, we need to research whether chemotherapy itself, instead of progression of the original disease, is responsible for secondary cancers.

We continue to question why well-researched alternative cancer treatments aren't used.

Drug Companies Fined

Periodically, a drug manufacturer is fined by the FDA when the abuses are too glaring and impossible to cover up. The *Washington Post* [May 18, 2002] reported that the maker of Claritin, Schering–Plough Corporation, was to pay a US$500 million fine to the FDA for quality-control problems at four of its factories.[72]

The FDA tabulated infractions that included 90% or 125 of the drugs the pharmco had made since 1998. Besides having to pay the fine, the company had to stop manufacturing 73 drugs or suffer another $175 million fine. The company's PR statements told another story, assuring consumers that they should still feel confident in its products.

The indictment came after the Public Citizen Health Research Group, led by Dr Sidney Wolfe, called for a criminal investigation of Schering–Plough, charging that the company distributed albuterol asthma inhalers even though it knew the units were missing the active ingredient.

Such a large settlement against Schering–Plough serves as a warning to the drug industry to maintain strict manufacturing practices, and it has given the FDA more clout in dealing with drug company compliance.

According to the *Washington Post* article, a Federal Appeals Court ruled in 1999 that the FDA could seize the profits of companies that violate "good manufacturing practices".

Since that time, Abbott Laboratories, Inc. has paid $100 million for failing to meet quality standards in the production of medical test kits. In 2000, Wyeth Laboratories, Inc. paid $30 million to settle accusations of poor manufacturing practices.

UNNECESSARY SURGICAL PROCEDURES

Summary:

• In 1974, 2.4 million unnecessary surgeries were performed annually, resulting in 11,900 deaths at an annual cost of $3.9 billion.[73, 74]

• In 2001, there were 7.5 million unnecessary surgical procedures, resulting in 37,136 deaths at a cost of $122 billion (using 1974 US dollars).[3]

It's very difficult to obtain accurate statistics when studying unnecessary surgery. Dr Leape, in 1989, wrote that perhaps 30% of controversial surgeries are unnecessary. Controversial surgeries include Caesarean section, tonsillectomy, appendectomy, hysterectomy, gastrectomy for obesity, breast implants and elective breast implants.[74]

Thirty years ago, in 1974, the Congressional Committee on Interstate and Foreign Commerce held hearings on unnecessary surgery. It found that 17.6% of recommendations for surgery were not confirmed by a second opinion. The House Subcommittee on Oversight and Investigations extrapolated these figures and estimated that, on a nationwide basis, there were 2.4 million unnecessary surgeries performed annually, resulting in 11,900 deaths at an annual cost of $3.9 billion.[73]

In 2001, the top 50 medical and surgical procedures totalled approximately 41.8 million. These figures were taken from the Healthcare Cost and Utilization Project within the Agency for Healthcare Research and Quality.[13] Using 17.6% from the 1974 US Congressional House Subcommittee on Oversight and Investigations as the percentage of unnecessary surgical procedures, and extrapolating from the death rate in 1974, we come up with an unnecessary procedure number of 7.5 million (7,489,718) and a death rate of 37,136 at a cost of $122 billion (using 1974 dollars).

Researchers performed a very similar analysis, using the 1974 "unnecessary surgery percentage" of 17.6, on back surgery. In 1995, researchers testifying before the Department of Veterans Affairs estimated that of 250,000 back surgeries in the US at a hospital cost of $11,000 per patient, the total number of unnecessary back surgeries each year in the US could approach 44,000 and cost as much as $484 million.[75]

The unnecessary surgery figures are escalating, just as are those for prescription drugs driven by television advertising. Media-driven surgery, such as gastric bypass for obesity "modelled" by Hollywood personalities, seduces obese people into thinking this route is safe and sexy. There is even a problem of surgery being advertised on the Internet.[76]

A study in Spain declared that between 20% and 25% of total surgical practice represents unnecessary operations.[77]

According to data from the US National Center for Health Statistics from 1979 to 1984, there was a 9% increase in the total number of surgical procedures and the number of surgeons grew by 20%. The author noted that there has not been a parallel increase in the number of surgeries, despite a recent large increase in the number of surgeons.

Allopathic medicine is not a purveyor of health care but of disease care.

There was concern that there would be too many surgeons to share a small surgical caseload.[78]

The previous author spoke too soon: there was no cause to worry about a small surgical caseload. By 1994, there was an increase of 38% for a total of 7,929,000 cases for the top 10 surgical procedures. In 1983, surgical cases totalled 5,731,000. In 1994, cataract surgery was number one with over two million operations, and second was Caesarean section (858,000 procedures). Inguinal hernia operations were third (689,000 procedures), and knee arthroscopy, in seventh place, grew 153% (632,000 procedures) while prostate surgery declined 29% (229,000 procedures).[79]

The list of iatrogenic diseases from surgery is as long as the list of procedures themselves. In one study, epidural catheters were inserted to deliver anaesthetic into the epidural space around the spinal nerves to block them for lower Caesarean section, abdominal surgery or prostate surgery. In some cases, non-sterile techniques during catheter insertion resulted in serious infections, even leading to limb paralysis.[80]

In one review of the literature, the authors demonstrated that there was "a significant rate of overutilization of coronary angiography, coronary artery surgery, cardiac pacemaker insertion, upper gastrointestinal endoscopies, carotid endarterectomies, back surgery, and pain-relieving procedures".[81]

A study published in *JAMA* [November 13, 1987] found the following significant levels of inappropriate surgery: 17% of cases for coronary angiography; 32% for carotid endarterectomy; and 17% for upper gastrointestinal tract endoscopy.[82]

Using the Healthcare Cost and Utilization Project (HCUP) statistics provided by the US government for 2001, the number of people getting upper gastrointestinal endoscopy, which usually entails biopsy, was 697,675, the number having endarterectomy was 142,401, and the number having coronary angiography was 719,949.[13] Therefore, according to the *JAMA* study, 17%, or 118,604 people, had an unnecessary endoscopy procedure. Endarterectomy occurred in 142,401 patients; potentially 32%, or 45,568, did not need this procedure. And 17% of 719,949, or 122,391 people receiving coronary angiography, were unnecessarily subjected to this highly invasive procedure. These are all forms of medical iatrogenesis.

Mortality Rate for Medical and Surgical Procedures

It is instructive to know the mortality rate associated with different medical and surgical procedures. Even though we must sign release forms when we undergo any procedure, many of us are in denial about the true risks involved. We seem to hold a collective impression that since medical and surgical procedures are so commonplace, they are both necessary and safe. Unfortunately, partaking in allopathic medicine itself is one of the highest causes of death as well as the most expensive way to die.

Shouldn't the daily death rate of iatrogenesis in hospitals, out of hospitals, in nursing homes and in psychiatric residences be reported like the pollen count or the smog index?

Let's stop hiding the truth from ourselves. It's only when we focus on the problems and ask the right questions that can we hope to find solutions.

Perhaps the term "health care" gives us the illusion that medicine is about health. Allopathic medicine is not a purveyor of health care but of *disease care*. Studying the mortality figures in the Healthcare Cost and Utilization Project (HCUP) within the US government's Agency for Healthcare Research and Quality (AHRQ), we found many points of interest.[13] The HCUP computer program that calculates the annual mortality statistics for all US hospital discharges is only as good as the codes that are put into the system.

In an email correspondence with HCUP, we were told that the mortality rates that were indicated in tables and charts for each procedure were not necessarily due to the procedure but only indicated that someone who received that procedure died either from their original disease or from the procedure. Therefore, there is no way of knowing exactly how many people died from a particular procedure.

There are also no codes for adverse drug side-effects, none for surgical mishap and none for medical error. Until there are codes for medical error, statistics on those people who are dying from various types of medical error will be buried in the general statistics. There is a code for "poisoning & toxic effects of drugs" and a code for "complications of treatment". However, the mortality figures registered in these categories are very low and don't compare with what we know from studies such as the *JAMA* 1998 study[1] that said there were an average of 106,000 prescription medication deaths per year.

Unfortunately, partaking in allopathic medicine itself is one of the highest causes of death as well as the most expensive way to die.

Why Aren't Medical and Surgical Procedures Studied?

In 1978, the US Office of Technology Assessment (OTA) reported that "Only 10%–20% of all procedures currently used in medical practice have been shown to be efficacious by controlled trial".[83] In 1995, the OTA compared medical technology in eight countries (Australia, Canada, France, Germany, Netherlands, Sweden, United Kingdom and the United States) and again noted that few medical procedures in the US had been subjected to clinical trial. It also reported that infant mortality was high and life expectancy was low compared to other developed countries.[84]

Although this report is almost 10 years old, much of it holds true today. The report laid the blame for the high cost of medicine squarely at the feet of the medical free-enterprise system and the fact that there is no national health care policy. It described the failure of government attempts to control health care costs due to market incentive and profit motive in the financing and organisation of health care including private insurance, the hospital system, physician services, and drug and medical device industries. Whereas we may want to expand health care, expansion of disease care is the goal of free enterprise.

"Health Care Technology and Its Assessment in Eight Countries" is the last report prepared by the OTA, which was shut down in 1995. It's also perhaps the last honest, in-depth look at modern medicine. Because of the importance of this 60-page report, we enclose a summary in the Appendix [see the NIA's website, http://www.nutritioninstituteofamerica.org].

Surgical Errors Finally Reported

Just hours before completion of this paper, statistics on surgery-related deaths became available. A study in *JAMA* [October 8, 2003], from the Agency for Healthcare Research and Quality, documented 32,000 mostly surgery-related deaths costing $9 billion and accounting for 2.4 million extra days in the hospital in 2000.[85] In a press release accompanying the *JAMA* study, the AHRQ director, Carolyn M. Clancy, MD, admitted: "This study gives us the first direct evidence that medical injuries pose a real threat to the American public and increase the costs of health care."[86]

Hospital administrative data from 20% of the nation's hospitals were analysed for 18 different surgical complications including post-operative infections, foreign objects left in wounds, surgical wounds reopening and post-operative bleeding. In the same press release, the study's authors said: "The findings greatly underestimate the problem, since many other complications happen that are not listed in hospital administrative data." They also stated: "The message here is that medical injuries can have a devastating impact on the health care system. We need more research to identify why these injuries occur and find ways to prevent them from happening." One of the authors, Dr Zhan, said that improved medical practices, including an emphasis on better hand-washing, might help reduce the morbidity and mortality rates.

An accompanying *JAMA* editorial, by health-risk researcher Dr Saul Weingart of Harvard's Beth Israel Deaconess Medical Center, said: "Given their staggering magnitude, these estimates are clearly sobering."[87]

UNNECESSARY X-RAYS

When X-rays were discovered, no one knew the long-term effects of ionising radiation. In the 1950s, monthly fluoroscopic exams at the doctor's office were routine. You could even walk into most shoe stores and see your foot bones—looking at bones was an amusing novelty. We still don't know the ultimate outcome of our initial escapade with X-rays.

It was common practice to use X-rays in pregnant women to measure the size of the pelvis and make a diagnosis of twins. Finally, a study of 700,000 children born between 1947 and 1964 was conducted in 37 major maternity hospitals. The children of mothers who had received pelvic X-rays during pregnancy were compared with the children of mothers who had not been X-rayed. Cancer mortality was 40% higher among the children with X-rayed mothers.[88]

In present-day medicine, coronary angiography combines an invasive surgical procedure of snaking a tube through a blood vessel in the groin up to the heart. To get any useful information during the angiography procedure, X-rays are taken almost continuously, with minimum dosage ranges between 460 and 1,580 mrem. The minimum radiation from a routine chest X-ray is 2 mrem. X-ray radiation accumulates in the body, and it is well-known that ionising radiation used in X-ray procedures causes gene mutation. We can only obtain guesstimates as to the impact on health from this high level of radiation. Experts manage to obscure the real effects in statistical jargon, such as "The risk for lifetime fatal cancer due to radiation exposure is estimated to be 4 in one million per 1,000 mrem".[89]

However, Dr John Gofman, who has been studying the effects of radiation on human health for 45 years, is prepared to tell us exactly what diagnostic X-rays are doing to our health. Dr Gofman has a PhD in nuclear and physical chemistry and is a medical doctor. He worked on the Manhattan nuclear project, discovered uranium-233, was the first person to isolate plutonium, and since 1960 he's been studying the effects of radiation on human health. With five scientifically documented books totalling over 2,800 pages, Dr Gofman provides strong evidence that medical technology—specifically X-rays, CT scans, mammography and fluoroscopy—is a contributing factor in 75% of new cancers. His 699-page report, "Radiation from Medical Procedures in the Pathogenesis of Cancer and Ischemic Heart Disease: Dose-Response Studies with Physicians per 100,000 Population" (updated in 2000),[90] shows that as the number of physicians increases in a geographical area, with an increase in the number of X-ray diagnostic tests there is an associated increase in the rate of cancer and ischemic heart disease. Dr Gofman elaborates that it's not X-rays alone that cause the damage, but a combination of health risk factors including poor diet, smoking, abortion and the use of birth control pills. Dr Gofman predicts that 100 million premature deaths over the next decade will be the result of ionising radiation.

In his book, *Preventing Breast Cancer*, Dr Gofman says that breast cancer is the leading cause of death among American women between the ages of forty-four and fifty-five. Because breast tissue is highly radiation sensitive, mammograms can cause cancer. The danger can be heightened by a woman's genetic makeup, pre-existing benign breast disease, artificial menopause, obesity and hormonal imbalance.[91]

Dr Gofman predicts that 100 million premature deaths over the next decade will be the result of ionising radiation [X-rays].

Even X-rays for back pain can lead someone into crippling surgery. Dr Sarno, a well-known New York orthopaedic surgeon, found that X-rays don't always tell the truth. In his books he cites studies on normal people without a trace of back pain who have spinal abnormalities on X-ray. Other studies have shown that some people with back pain have normal spines on X-ray. So, Dr Sarno says there is not necessarily any association between back pain and spinal X-ray abnormality.[92] However, if a person happens to have back pain and an incidental abnormality on X-ray, they may be treated surgically, sometimes with no change in back pain or worsening of back pain or even permanent disability.

In addition, doctors often order X-rays as protection against malpractice claims to give the impression that they are leaving no stone unturned. It appears that doctors are putting their own fears before the interests of their patients.

UNNECESSARY HOSPITALISATIONS

Summary:

In 2004, 8.9 million (8,925,033) people were hospitalised unnecessarily.[4]

In a 1986 study of inappropriate hospitalisations, 1,132 medical records were reviewed by two doctors. Their finding was that 23% of all admissions were inappropriate and an additional 17% could have been handled in ambulatory out-patient clinics. Also, 34% of all hospital days were inappropriate and could have been avoided.[93] The rate of inappropriate admissions in 1990 was 23.5%.[94] In 1999, another study confirmed the figure of 24% inappropriate admissions, indicating a consistent pattern from 1986 to 1999,[95] showing steady reporting of approximately 24% inappropriate admissions each year. Putting these figures into present-day terms using the HCUP database, the total number of patient discharges from hospitals in the US in 2001 was 37,187,641.[13] The above data indicate that 24% of those hospitalisations need never have occurred. It further means that 8,925,033 people were exposed to unnecessary medical intervention in hospitals, therefore representing almost nine million potential iatrogenic episodes.[4]

Continued next issue ...

Editor's Note:

Due to space constraints, we are unable to publish the endnotes accompanying this article (apart from including some brief details within the text in square brackets); instead, we have posted them with the article on our website, http://www.nexusmagazine.com. Readers without Internet access can request a copy of the endnotes from their nearest NEXUS Office.

This article is copyright ©2003–2004 Nutrition Institute of America, Inc. (NIA), all rights reserved, and is reprinted by kind permission. No further duplication or distribution of this article is permitted without the express written permission of NIA. For further information regarding NIA, and for the full text of the article, visit the website http://www.nutritioninstituteofamerica.org. For more articles relating to alternative health and nutrition, visit the library at Gary Null's Natural Living website, http://www.garynull.com.

About the Authors:

• **Carolyn Dean**, MD, ND, since 1979 has worked as a medical doctor, naturopath, acupuncturist, herbalist, homoeopath, consultant, inventor, herbal formulator, researcher, activist, advocate and writer. She has written several books, hundreds of articles, appeared on countless radio and television programs, including ABC's *The View*, promoting natural healing and the individual's right to take responsibility for their own health. She serves as health adviser and writer for websites www.yeastconnection.com, www.curesnaturally.com and www.friendsoffreedom.com. She lives in New York City and can be contacted via her website, http://www.carolyndean.com. She is the main author of this article.

• **Martin Feldman**, MD, is a board-certified neurologist and Assistant Professor of Neurology at Mount Sinai Medical Center in New York City. He is the author of 63 peer-reviewed journal articles and is at the forefront of understanding modern advances in medical science.

• **Gary Null** has a PhD in human nutrition and is the host of the longest-running syndicated radio show on health and nutrition in the USA. He has published over 71 books, including the *New York Times* best-sellers *Get Health Now!* and *Power Aging*. He is also the producer of numerous award-winning documentaries about health and lifestyle. He is the founder of the Natural Living Running Club, and has competed as a world-class athlete. In 1975 he founded the not-for-profit corporation, Nutrition Institute of America, Inc. Dr Null can be contacted via his website, http://www.garynull.com.

• **Debora Rasio**, MD, is a physician practising alternative medicine in Rome, Italy. She is also an oncologist who has written extensively on cancer. Dr Rasio provided some of the initial research for this paper.